



AUTHORIZATION TO SIGN WAREHOUSE RECEIPTS

State Form 46956 (R / 5-97)

RECYCLED PAPER

OFFICE USE ONLY

FILE #:

Indiana Grain Buyers and
Warehouse Licensing Agency
ISTA Center, Suite 416
150 West Market Street
Indianapolis, Indiana 46204-2810
Phone: (317) 232-1356
Fax: (317) 232-1362

THIS CERTIFIES THAT the following person (people) is (are) hereby authorized under the provision of the Indiana Grain Buyers and Warehouse Licensing and Bond Law, IC 26-3-7 as amended, to perform the services of signing warehouse receipts at the Indiana-licensed location identified below.

Name and home address of authorized person (people):

(Name, address, city, state, and zip code. Please press firmly; you are making 3 copies.)

Signature of authorized person

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Facility name and location: _____

Owner/Manager's signature: _____ Date: _____

Licensee's name and address: _____

Please complete and return to Indiana Grain Buyers and Warehouse Licensing Agency at the above address.

Distribution: 1st copy - IGBWLA, 2nd copy - Licensee, 3rd copy - Travel File